

RECEIVED
CENTRAL FAX CENTER

FEB 03 2005

FAX TRANSMISSION**DATE:** February 3, 2005**PTO IDENTIFIER:** Application Number 09/817,843-Conf. #9394
Patent Number**Inventor:** John U. Knickerbocker et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP

John A. Evans

PHONE: (202) 331-7111**Attorney Dkt. #:** 20135-00310-US**PAGES (including Cover Sheet):** 27**CONTENTS:** Fee Transmittal
Reply Brief
IDS (Citation) by Applicant (4 References)
Information Disclosure Statement
Charge \$180.00 to deposit account 09-0457
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (202) 331-7111 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

CONNOLLY BOVE LODGE & HUTZ LLP
1990 M Street, N.W., Suite 800, Washington, DC 20036-3425
Telephone: (202) 331-7111 **Facsimile:** (202) 293-6229

PTO/SB/97 (08-04)

Approved for use through 07/31/2008. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 09/817,843

Attorney Docket No.: 20135-00310-US

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on February 3, 2005
Date



Signature

John A. Evans

Typed or printed name of person signing Certificate

44,100
Registration Number, if applicable

(202) 331-7111
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Fee Transmittal
Reply Brief
IDS (Citation) by Applicant (3 References)
Information Disclosure Statement
Charge \$180.00 to deposit account 09-0457

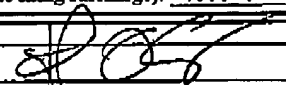
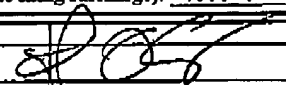
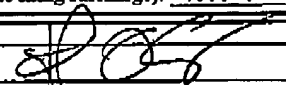
PTO/SB/H7 (12-04v2)

Approved for use through 7/31/2008. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/01/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 09/817,843-Conf. #9394 Filing Date March 26, 2001 First Named Inventor John U. Knickerbocker Examiner Name L. Andujar Art Unit 2826 Attorney Docket No. END920000008US1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 180.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 09-0457 Deposit Account Name: IBM Corporation (Endicott) For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
---	--

FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																													
	FILING FEES <table border="1"> <thead> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> </tr> </tbody> </table>		Application Type	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	Design	200	100	Plant	200	100	Reissue	300	150	Provisional	200	100	SEARCH FEES <table border="1"> <thead> <tr> <th></th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td></td> <td>500</td> <td>250</td> </tr> <tr> <td></td> <td>100</td> <td>50</td> </tr> <tr> <td></td> <td>300</td> <td>150</td> </tr> <tr> <td></td> <td>500</td> <td>250</td> </tr> <tr> <td></td> <td>0</td> <td>0</td> </tr> </tbody> </table>			Fee (\$)	Small Entity Fee (\$)		500	250		100	50		300	150		500	250		0	0	EXAMINATION FEES <table border="1"> <thead> <tr> <th></th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td></td> <td>200</td> <td>100</td> </tr> <tr> <td></td> <td>130</td> <td>65</td> </tr> <tr> <td></td> <td>160</td> <td>80</td> </tr> <tr> <td></td> <td>600</td> <td>300</td> </tr> <tr> <td></td> <td>0</td> <td>0</td> </tr> </tbody> </table>			Fee (\$)	Small Entity Fee (\$)		200	100		130	65		160	80		600	300		0	0	Fees Paid (\$)
Application Type	Fee (\$)	Small Entity Fee (\$)																																																											
Utility	300	150																																																											
Design	200	100																																																											
Plant	200	100																																																											
Reissue	300	150																																																											
Provisional	200	100																																																											
	Fee (\$)	Small Entity Fee (\$)																																																											
	500	250																																																											
	100	50																																																											
	300	150																																																											
	500	250																																																											
	0	0																																																											
	Fee (\$)	Small Entity Fee (\$)																																																											
	200	100																																																											
	130	65																																																											
	160	80																																																											
	600	300																																																											
	0	0																																																											
2. EXCESS CLAIM FEES <table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th>Multiple Dependent Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>								Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	_____	_____	_____	_____	_____	_____	_____	Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____	_____	_____	_____																				
Fee Description	Fee (\$)	Small Entity Fee (\$)																																																											
Each claim over 20 (including Reissues)	50	25																																																											
Each independent claim over 3 (including Reissues)	200	100																																																											
Multiple dependent claims	360	180																																																											
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																																																							
_____	_____	_____	_____	_____	_____	_____																																																							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																																										
_____	_____	_____	_____																																																										
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <table border="1"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____	_____	_____	_____	_____																																												
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																																																									
_____	_____	_____	_____	_____																																																									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00																																																													
SUBMITTED BY <table border="1"> <tr> <td>Signature</td> <td></td> <td>Registration No. (Attorney/Agent)</td> <td>44,100</td> <td>Telephone</td> <td>(202) 331-7111</td> </tr> <tr> <td>Name (Print/Type)</td> <td>John A. Evans</td> <td>Date</td> <td colspan="3">February 3, 2005</td> </tr> </table>								Signature		Registration No. (Attorney/Agent)	44,100	Telephone	(202) 331-7111	Name (Print/Type)	John A. Evans	Date	February 3, 2005																																												
Signature		Registration No. (Attorney/Agent)	44,100	Telephone	(202) 331-7111																																																								
Name (Print/Type)	John A. Evans	Date	February 3, 2005																																																										